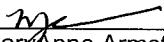


AMENDMENT TRANSMITTAL LETTER				Docket No. 3493-0165PUS1	
Application No. 10/577,444-Conf. #3437		Filing Date April 27, 2006		Examiner E. Olson	
Applicant(s): Jean-Philippe HOULMONT et al.					
Invention: MEDICAMENT COMPRISING A REDUCING ALKYL-SUGAR MONOMER FOR THE TREATMENT OF INFLAMMATORY DISORDERS					
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 22 =	0	x 52.00	0.00
Independent Claims	3	- 5 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month 130.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 130.00					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 130.00 . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mary Anne Armstrong, Ph.D. Attorney Reg. No.: 40,069					
Dated: July 13, 2009					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
Fee Transmittal		Application Number	10/577,444-Conf. #3437
For FY 2009		Filing Date	April 27, 2006
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Jean-Philippe HOULMONT
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		Examiner Name	E. Olson
		Art Unit	1623
		Attorney Docket No.	3493-0165PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)	
	Utility	330	165	540	270	220	110	
	Design	220	110	100	50	140	70	
	Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Each independent claim over 3 (including Reissues)								
Multiple dependent claims								
Total Claims Extra Claims Fee (\$)								
19 - 22 or HP = 0 x 52.00 = 0.00								
HP = highest number of total claims paid for, if greater than 20.								
Multiple Dependent Claims								
Fee (\$)								
52 26								
220 110								
390 195								
Indep. Claims Extra Claims Fee (\$)								
3 - 5 or HP = 0 x 220.00 = 0.00								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____								
Fee Paid (\$)								
Fees Paid (\$)								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	40,069	Telephone (703) 205-8000
Name (Print/Type)	MaryAnne Armstrong, Ph.D.		Date	July 13, 2009	